MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

[redacted]

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 123 STATE FILE NUMBER 63-032091

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

Item	Stub
1	2465
2	04661
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9	976X
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED SEP 3 1963

1. PLACE OF DEATH a. COUNTY: Howell
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): West Plains, — Length of stay in 1b: hours
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): W. P. Memorial Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo. b. COUNTY: Howell
c. CITY OR TOWN: Hocomo — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Chester Middle: Grant Last: Duffell
4. DATE OF DEATH Month Day Year: August 19, 1963

5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-30-1920
9. AGE (last birthday): 43 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lathe operator
10b. KIND OF BUSINESS OR INDUSTRY: Amyx Mfg. Co.
11. BIRTHPLACE (City and state or country): Brandsville, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Joe Duffell
13b. MOTHER'S MAIDEN NAME: Della Falmsbee
14. NAME OF HUSBAND OR WIFE: Oma Lee Claude

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates o…
16. SOCIAL SECURITY NO. …649
17. INFORMANT Address: Mrs. Chester Duffell, Hocomo, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Gunshot wound - self inflicted — INTERVAL BETWEEN ONSET AND DEATH: 23 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): FRACTURE, Skull, due to above
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Psychosis - Schizophrenia

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Shot self forehead 22 caliber
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year: —
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE: —

21. I attended the deceased from Oct 1962, to August 1963 and last saw him alive on 8-~~22~~ 19-63
Death occurred at 11 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Jack N. Wiles MD
22b. ADDRESS: West Plains, Mo
22c. DATE SIGNED: 8-23-63

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 8-22-63
23c. NAME OF CEMETERY OR CREMATORY: Amy Union Cemetery
23d. LOCATION (City, town, or county) (State): Hocomo, Mo.

24. FUNERAL DIRECTOR ADDRESS: Robertsons, West Plains, Mo
25. DATE RECD. BY LOCAL REG.: 8-26-63
26. REGISTRAR'S SIGNATURE: Beatrice Cook

(Licensed Embalmer's Statement on Reverse Side)

Wiles

SEP 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed A A Robertson

Licensed Embalmer No. 3432

P. O. Address West Plains, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.